

2004-2005

This application must be submitted to the Commission by your school and postmarked no later than JUNE 1, 2004.

CHILD DEVELOPMENT GRANT PROGRAM APPLICATION

SECTION I - APPLICANT INFORMATION - TO BE COMPLETED BY APPLICANT (please print or type)

1	LAST NAME	FIRST NAME	MIDDLE INITIAL	2	SOCIAL SECURITY #
3	ADDRESS		CITY	STATE	ZIP CODE
4	DATE / /	5	TELEPHONE # ()	6	ALTERNATIVE TELEPHONE # OR E-MAIL ADDRESS ()
7	MY LONG TERM OBJECTIVE IS TO OBTAIN A CHILD DEVELOPMENT PERMIT FOR THE FOLLOWING LEVEL(S): <input type="checkbox"/> Teacher <input type="checkbox"/> Master Teacher <input type="checkbox"/> Site Supervisor <input type="checkbox"/> Program Director				
8	NAME AND ADDRESS OF THE COLLEGE I WILL ATTEND DURING THE 2004-2005 ACADEMIC YEAR: COLLEGE NAME STREET ADDRESS CITY STATE ZIP CODE				
9	I CURRENTLY HOLD, OR AM ELIGIBLE TO HOLD, A CHILD DEVELOPMENT PERMIT (NOT CERTIFICATE) FROM THE COMMISSION ON TEACHER CREDENTIALING (CTC): Check all that apply to you, and list CTC permit date				
Eligible to Hold		Currently Hold		CTC Permit Date	
<input type="checkbox"/>		<input type="checkbox"/> None		Date: _____	
<input type="checkbox"/>		<input type="checkbox"/> Assistant Teacher		Date: _____	
<input type="checkbox"/>		<input type="checkbox"/> Associate Teacher		Date: _____	
<input type="checkbox"/>		<input type="checkbox"/> Teacher (Regular)		Date: _____	
<input type="checkbox"/>		<input type="checkbox"/> Master Teacher		Date: _____	
<input type="checkbox"/>		<input type="checkbox"/> Site Supervisor		Date: _____	
<input type="checkbox"/>		<input type="checkbox"/> Program Director		Date: _____	

By my signature, I understand and agree that:

- I must be nominated by a postsecondary institution.
- If I am selected as a grant recipient, I must attend an eligible California public or private two-year or four-year postsecondary educational institution.
- I must maintain no less than half-time enrollment and satisfactory academic progress as defined by the postsecondary educational institution. If I do not comply with this requirement, I understand that I will be withdrawn from the Program.
- Receipt of this grant may affect other financial aid assistance.
- If selected, I must sign a Service Commitment Agreement each year I receive grant funds. By signing the Agreement, I understand that I must be employed full-time in a licensed children's center in California for a period of one year for each year I receive grant funds and provide evidence of such employment each year.
- I am applying for a Child Development Grant because I intend to receive a permit or the level stated in question #7.
- I must meet federal Selective Service filing requirements.
- I hereby authorize my school official to complete and release the information requested in Section II and Section III (which will enable me to compete for the Child Development Grant Program) to the California Student Aid Commission.
- I hereby certify that I am a United States citizen or eligible noncitizen and a legal resident of the state of California.

I declare under penalty of the laws of the state of California and the United States that this form has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the penalty for submission of fraudulent or incorrect information on this form may be repayment of the grant amount received with interest and additional penalties under Federal or California law. I authorize my school, the California Student Aid Commission and the California Department of Education to receive and to release my student records, information regarding this application, and other information I have provided concerning my application and grant between institutions and appropriate public and private agencies. I understand that only complete and accurate applications that have been submitted using the required procedures will be considered. I understand that this program is subject to rescission or amendment at any time resulting in possible changes and reduction or complete loss of funds, notwithstanding the rules or benefits at the time the award is made.

Signature of Applicant: _____

Date: _____



SECTION II: GPA VERIFICATION - To be completed by a school official (please print or type)

APPLICANT'S LAST NAME

FIRST NAME

MIDDLE INITIAL

SOCIAL SECURITY NUMBER

Calculate the student's grade point average (GPA) according to the instructions below* and enter here. GPA must be computed on an unweighted 4.00 grading scale. (Fill in all three spaces.)

*Calculate the student's GPA on a 4.00 scale to two decimal places. Failing grades that have not been replaced prior to spring 2004 must be included.

Current high school seniors and students who completed the California High School Proficiency Examination and are no longer in school: Include all sophomore through senior year grades, excluding physical education and Reserve Officer Training Corps. If the General Educational Requirement test was taken in lieu of high school graduation, please post the test score here: _____

College students, regardless of the number of units completed, calculate the current GPA using the following:

- All college work completed before the application deadline, or
- All college work completed before the deadline, excluding nontransferable courses and courses not counted in the computation for admissions.

If a GPA or test score is not available: A GPA or test score is not mandatory in order to be considered for this grant program. However, applicants who do not provide a GPA or test score will not receive points for this component. A GPA or test score represents up to 10 percent of the final score. Please check the box below if appropriate.

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NO GPA or test score GED is being provided.

By my signature, I hereby declare that the above information is true and correct to the best of my knowledge and belief.

Signature of School Official: _____ Printed /Typed Name of Official: _____

Title of Official: _____ Telephone #: _____ Fax #: _____

School Name: _____ Date: _____

School Mailing Address: _____ City: _____ State: _____ Zip: _____

SECTION III: FINANCIAL NEED INFORMATION - To be completed by a school official (please print or type)

Please enter the following information based on the most current information available to the financial aid office and enter the date of the 2004-05 Student Aid Report (SAR) or date of verification used to provide this information.

Date of 2004-05 SAR or verification used: _____ 2004-05 Total Expected Family Contribution (EFC): _____

Parent(s) Total Income (if student is dependent): _____ Student's Total Income: _____

By my signature, I hereby declare that the above information is true and correct to the best of my knowledge and belief.

Signature of School Official: _____ Printed /Typed Name of Official: _____

Title of Official: _____ Telephone #: _____ Fax #: _____

School Name: _____ Date: _____

School Mailing Address: _____ City: _____ State: _____ Zip: _____

State of California Information practices act of 1977 & Use of Your SSN

State as well as federal law protects the individual's right to privacy in information pertaining to oneself. The State of California Information Practices Act of 1977 requires that the following information be provided to financial aid applicants who are asked to supply information about themselves. The principal purpose for requesting information on this form is to determine your eligibility for financial aid. Maintenance of this information is authorized by the Commission policy and the policies of the postsecondary institutions to which you are applying for aid. Furnishing the information requested on this form is mandatory. Failure to provide such information will delay and may even prevent your receipt of financial assistance. Information furnished on this form may be transmitted to the state and federal governments if required by law. Individuals have the right of access to records established from information furnished on this form as it pertains to them. The Director of the Commission and the financial aid administrators at the institutions to which you are applying for financial aid are the officials responsible for maintaining the information contained on this form.

The SSN is used to verify your identity under record-keeping systems established prior to January 1, 1975, pursuant to authority of the Commission, The California State University, and the California Community Colleges contained in Title 5, California Administrative Code Section 4120, and authority of the Regents of the University of California under Article IX, Section 9 of the California Constitution.

The Commission and California public postsecondary education institutions, in compliance with federal statutes and the Equal Protection Clause of the California Constitution, do not discriminate on the basis of race, color, national origin, sex or physical disability in any of their policies, procedures, or practices. Inquiries regarding these equal opportunity policies may be directed to the Commission and to the financial aid office of the school or college to which you are applying.